Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					otion Nl	10/578,73			
FEE TRANSMITTAL					Application Number Filing Date				
For FY 2009					Date Jamed Inventor	11/10/200 Jeong Bon			
					-	Christophe			
Applicant claims small entity status. See 37 CFR 1.27					150		or recogner		
TOTAL AMOUNT OF PAYMENT (\$) 940.00					Art Unit 1793 Attorney Docket 1455 - 06		1430		
METHOD OF PAYMENT (check all that apply)							1437		
		7							
Check Credit Card Money Order Other (please identify):									
Deposit Account Number: 23-0650 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)									
und und	arge any addition ler 37 CFR 1.16 a	and 1.17	erpayments	s of fee(s)	✓ Credit any	overpayments			
WARNING: Informatio information and authorize			redit card ii	nformation shou	ld not be included o	n this form. Prov	vide credit card		
FEE CALCULATION	ON (All the fees	below are du	e upon fil	ing or may b	e subject to a s	urcharge.)		1	
1. BASIC FILING								·	
FILING FEES SEARCH FEES						TION FEES			
				Small Entity For (\$)			nall Entity Fee (\$) Fees Paid (\$)		
Application Tv Utility	pe <u>Fee (\$)</u> 330	Fee (\$) 82	Fee (\$) 540	Fee (\$) 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	<u> PC</u>	es I alu (5)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAI	M FEES						Fee (\$	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues) 52								26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims	- 20 or HP	Extra Clair	ms l	Fee (\$)	Fee Paid (\$)		<u>Multipl</u>	le Dependent Cla	<u>ims</u>
-		=	x				Fee (§) Fee Paid	<u>(\$)</u>
HP = highest numbe	r of total claims pai	d for, if greater th	an 20.						
Indep. Claims	<u>- 3 or HP</u>	Extra Clai	<u>ms</u>	Fee (\$)	Fee Paid (\$)				
HP = highest numbe	- of indopendent of	=	X	 =		•			
3. APPLICATION	_	aims paid ioi, ii gi	icatci tilan s).					
If the specifica	tion and drawin	gs exceed 100	sheets of 1	paper (exclud	ing electronicall	y filed sequen	ce or computer l	listings under	
	52(e)), the applic S.C. 41(a)(1)(G)			'0 (\$135 for s	mall entity) for o	each additiona	150 sheets or fra	action thereof.	
Total Sheets	Extra S			r of each add	litional 50 or fr	action thereof	Fee (\$)	Fee Paid (<u>\$)</u>
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)								Fees Paid	<u>(\$)</u>
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Extension of Time \$130; RCE \$810									<u> </u>
SUBMITTED BY									
		12/	/		egistration No		Telephone	412-471-881	5
(Attorney/Agent)									
Name (Print/Type	e) Ryan J. I	Miller 🗸					Date	June 23, 2010	